



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4912993366
Outpatient Patient Service Revenue	\$4570634989
Total Gross Patient Service Revenue	\$9483628355

2. Deductions From Revenue

Contractual Allowance	\$6499065196
Other Deductions	\$-168938122
Total Deductions	\$6330127074

3. Total Operating Revenue

Net Patient Service Revenue	\$2741783746
Other Operating Revenue	\$1239314514
Total Operating Revenue	\$3981098260

4. Operating Expenses

Salaries and Wages	\$1075908100	Employee Benefits	\$274465890
Depreciation and Amortization	\$156330918	Interest Expense	\$43777817
Bad Debt	\$109085205	Other Expenses	\$1800717039
Total Operating Expenses	\$3460284969		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$520830791	Total Assets	\$1012464352
Net Non-operating Gains over Loss	\$518275799	Total Liabilities	\$1012464352

Total Net Gains	\$1039106590
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$3283971721	\$2617274939	\$666696782
Medicaid	\$2576279198	\$1955094256	\$621184942
Other Government	\$154708908	\$128082865	\$26626043
Other State	\$0	\$0	\$0
Other Payers	\$3468668601	\$1738760442	\$1729908159
Total	\$9483628428	\$6439212502	\$3044415926

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$12781121	\$-12781121

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$11000000	\$-11000000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$99877203	\$-99877203
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	607
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	11586

Statement Six: Charity Statement

Hospital Charity Charges	\$154357198
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$52697693	
HCI Payments	\$0		
Subtotal	\$0	\$52697693	\$-52697693
Medicaid Shortfalls	\$626186092	\$959855657	
Subtotal	\$626186092	\$1012553350	\$-386367258
DSH Payments	\$0		
Subtotal	\$626186092	\$1012553350	\$-386367258
Medicare Shortfalls	\$405794875	\$445525579	
Other Government Programs	\$0	\$0	
Total	\$1031980967	\$1458078929	\$-426097962

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$17480057	\$-17480057
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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